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PLACE OF BIRTH
County of Yuma BUREAU OF VITAL STATISTICS 1276 State Index No. 132
District of Michaelmas & Hayden ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 389
Town of Hayden Local Registrar's No. 1
or
City of _____ (No. _____ St. _____ Ward)

FULL NAME OF CHILD Porcellis Aridondo Born YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive NO

Sex of Child <u>male</u>	Twin, Triplet or other <u>single</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>Sept 15</u> 191 <u>5</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Juan Aridondo</u>			Full Maiden Name <u>Eleguia Garcia</u>		
Residence <u>Hayden</u>			Residence <u>Hayden</u>		
Color or Race <u>Mexican</u>			Color or Race <u>Mexican</u>		
Age at last Birthday <u>22</u> (Years)			Age at last Birthday <u>32</u> (Years)		
Birthplace <u>Arizona</u>			Birthplace <u>Arizona</u>		
Occupation <u>Laborer</u>			Occupation <u>Housewife</u>		

Number of child of this mother 1 Number of children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Sept 15 1915, at 12.9 A.M.
(*When there is no attending physician or midwife, then the householder should make this return.)

(Signature) L. P. Roman
(Attending physician, midwife, householder,*)

Given or christian name added from a supplemental report _____ 191____

Address Hayden Arizona

Filed Sept 30 1917

LOCAL REGISTRAR.

716-915-571
COUNTY REGISTRAR.

Filed Oct 5 1917

A True Copy
COUNTY REGISTRAR.